APR-23-2007 16:05 ARTZ ARTZ LAW OFFICES 248 2239522 P.01/01 PART B - FEE(3) IRANSIMI IAL Ε Complete and send this form, together with applicable fec(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 APR 23 2007 or Fax (571)-273-2885 INSTRUCTIONS: this form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as appropriate formation of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicating a separate "FEE ADDRESS" for a support of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for a support of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for a support of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for a support of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for a support of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for a support of the current correspondence address and the current current correspondence address and the current curren Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. maintenance fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 7590 01/23/2007 Certificate of Malling or Transmission 27256 I hereby certify that this Pec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. ARTZ & ARTZ, P.C. 28333 TELEGRAPH RD. SUITE 250 (Decosior's name) Karen Hopf SOUTHFIELD, MI 48034 (Signature) (Dute) 23, April 200 CONFIRMATION NO. ATTORNEY DOCKET NO. PIRST NAMED INVENTOR FILING DATE APPLICATION NO. 7111 COG 0101 PA Claude D. Gourand 10/666,170 09/19/2003 TITLE OF INVENTION: WALL-MOUNTED PICTURE DISPLAY DEVICE DATE DUE PREV. PAID ISSUE PEE TOTAL FEE(\$) DUE PUBLICATION FEE DUE issub fee due SMALL ENTITY APPLN. TYPE 04/23/2007 \$700 \$700 \$0 \$0 U4/24/2007 TBESHAH2 00000051 500476 YH\$ nonprovisional 18666179 CLASS-SUBCLASS TINU TRA EXAMINER 01 FC:2501 700.33 DA 040-594000 3611 HOGE, GARY CHAPMAN 1. Change of correspondence address or indication of "Pec Address" (37 CFR 1.363). 2. For printing on the patent front page, list John A. Artz. <u>Esq</u> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 Artz & Artz. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNER Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. XX Issue Fee Payment by credit card, Form PTO-2038 is attached. ☐ Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0476 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) with not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Fatent and Trademark Office.

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